

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ASD	13/	8/10-01
OFFICE CLASSIFIER			11/19
FORMALITY REVIEW			CV
RESPONSE FORMALITY REVIEW			503

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	0
20	✓
21	✓
22	✓
23	0
24	0
25	✓
26	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/10/01